NGO NETWORKS FOR HEALTH
FAMILY PLANNING/REPRODUCTIVE HEALTH STRATEGY

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I. INTRODUCTION

This document sets forth NGO Networks for Health's family planning/reproductive health strategy for the information of field partners, missions of the United States Agency for International Development, and other interested audiences.

NGO Networks for Health (*Networks*) is an innovative collaboration aimed at improving family planning/reproductive health (FP/RH) around the world by increasing the availability and use of voluntary family planning/reproductive health/child survival/human immune deficiency virus (FP/RH/CS/HIV) practices and services. The specific goal of the project is to enhance the capacity of various private voluntary and nongovernmental organization (PVO/NGO) networks. The project breaks new ground by bringing together in partnership five experienced PVOs with proven records in international development: Adventist Development and Relief Agency (ADRA), Cooperative for Assistance and Relief Everywhere (CARE), Plan International (PLAN), Program for Appropriate Technology in Health (PATH), and Save the Children/US (SC).

The unique, combined strengths of the PVO Partners (detailed below) will enable them to truly make a difference in FP/RH efforts in the communities they serve. Immediate entry points for *Networks* FP/RH activities include the Partners' existing extensive infrastructure of community-based programs, their partnerships with government and local organizations, and their offices in various resource-poor countries. The Partners' track record in communities and the often intersectoral nature of their programming give them the scope to respond with innovative, creative solutions to local needs. The Partners' experience in empowering and building capacity in the communities they serve, in mentoring local organizations, and in collaborating with the for-profit, not-for-profit, and public sectors, are additional strengths *Networks* can draw on to bring about sustainable improvements in FP/RH. Finally, the Partners' proven success in child survival and other development sectors outside the health arena makes it possible for them to knit FP/RH initiatives into a more holistic approach to community development. Such an approach takes into account the wider context—including the gender, socioeconomic, cultural, and political, as well as biological factors—in which the campaign for improved FP/RH is waged.

What Is Reproductive Health?

Networks endorses the World Health Organization's definition of FP/RH: a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.[1] We adhere to the life cycle approach to FP/RH that begins with the newborn and child survival; addresses the special needs of adolescents; extends through child-bearing years; and also encompasses the needs of the post-menopausal woman. *Networks* also supports the Cairo Programme of Action's integrated health philosophy.

[1] Report WHO/FRH/RHT/HRP/97.2. *What is Reproductive Health?: A Participatory Process for National Consensus Building.* Geneva: WHO

Reproductive health thus implies that people are able to have a satisfying and safe sex life and that they have the ability to reproduce and the **freedom to decide** if, when, and how often to do so. Implicit in this last condition is the right of men and women to:

- be informed about methods of fertility regulation;
- have access to a safe, effective, affordable, and acceptable method of **family planning choice**; and
- have right of access to appropriate health-care services that will:

    - enable women to go safely through pregnancy and child birth, and
    - provide couples with the best chance of having a healthy infant who will continue to achieve full potential for contributing to society into adult life.

Reproductive health also includes sexual health, defined as the enhancement of life and personal relations, not merely counselling and care concerning reproduction and sexually transmitted diseases.

The FP/RH Agenda

At present, great numbers of people around the globe do not enjoy the benefits of reproductive health. Specifically, they are unable to exercise their right to:

- **achieve their desired number of children** safely and healthily, **when and if they decide** to have them;
- avoid illness, disease, and disability related to sexuality and reproduction, and receive appropriate care when needed;
- experience healthy sexual development and maturation;
- have the capacity for equitable and responsible relationships and sexual fulfillment; and
- be free from violence and other harmful practices related to sexuality and from reproduction if so desired.

Furthermore, too many infants are deprived of good health and happiness and of the opportunity to contribute their potential to society.

To address these substandard FP/RH conditions, *Networks* encourages its PVO Partners in focus country projects to adopt the following priorities:

- integrate voluntary FP/RH services into already established child survival programs, thus increasing access to FP/RH services;
- address safe motherhood and in particular birth preparedness, the provision of clean delivery care, promotion of skilled attendants at births, appropriate emergency obstetric care, life saving skills and first aid at all levels in the district and community, referral services between community and primary care and between primary care and secondary care, provision of post natal care;
- while not promoting abortion as a choice of fertility regulation, provide care to women who have post-abortion complications, including counselling on family planning;

- ensure provisions for appropriate care of the newborn, including promotion of breast feeding; and avoidance, identification, and treatment of hypothermia, hypoglycemia, and infection in the crucial first weeks of life when many infants die;
- address the sexual and RH needs of young people in culturally appropriate and accessible ways;
- integrate efforts in FP, sexually transmitted infections, safe motherhood, and child survival to provide fully comprehensive services;
- promote the integration of FP/RH into the wider community development agenda;
- increase community capacity to respond to the HIV/AIDS (acquired immune deficiency syndrome) epidemic, using community-based approaches such as 'COPE' to prevent infection and provide care for people and families living with AIDS and for orphans and other vulnerable children; and
- integrate new evidence-based information[1] and best practices into programming.

In carrying out the above-mentioned priorities, and in all of its other work, *Networks* abides by a core of guiding principles which holds that our work must:

- **promote voluntarism**;
- seek equity;
- be gender sensitive;
- **respect human rights** and dignity;
- enable full stakeholder participation and ownership of development efforts;
- be field driven and collaborative in nature;
- build on community strengths and address community needs;
- employ assets-based appreciative inquiry approaches;
- empower and enable members of the communities with which we work; and
- be sustainable.

Networks realizes that FP/RH does not come about merely by the provision of clinical services that, at best, address only care and prevention of disease. FP/RH, in other words, has sociocultural and economic as well as biological determinants. FP/RH is affected by policies enacted by governments, for example, by the opinions of religious leaders and other stakeholders who determine which services and information are available, to whom, and whether economic and sociocultural factors will even be addressed. *Networks* has carefully considered all of these elements in formulating the FP/RH strategies described below.

[1] An example might be information on birth spacing and child survival that is coming available through a USAID-supported study by Shea Rustein and Measure/DHS/MACRO International. This information shows that in the 17 countries studied, the optimum birth interval for child survival is three years. Once published, this study will be disseminated to Partners.

II. *NETWORKS* REPRODUCTIVE HEALTH STRATEGY

Networks' has identified five strategies to increase access to and availability of FP/RH information and services. Each of the first four strategies addresses one of the four results in *Networks* Results Framework:

1. Sustained PVO capacity to provide quality FP/RH/CS/HIV services;
2. Accurate knowledge and sustained behavior change at the community level;
3. Expanded, sustained PVO/NGO networks to provide FP/RH/CS/HIV services; and
4. Expanded service coverage through public/private and private/private partnerships.

The fifth strategy focuses on *Networks* need to build on and emulate the Partners'successful approaches in other, nonhealth sectors in reaching traditionally underserved populations. The aim here would be to adapt and use these approaches in the FP/RH arena, with the result being:

5. Increased ability to overcome economic and societal barriers to FP/RH.

The five strategies are described in detail below.

Result One Strategy: Capacity Building

Networks strategy is to assist Partners in developing and carrying out field-level FP/RH strategies, implementation plans, and sustainable programs that best utilize each Partner's organizational strengths in collaboration with those of other Partners.

Building capacity increases Partners' ability to (a) improve their current efforts in FP/RH/CS/HIV, (b) expand current efforts to cover a wider geographic area, and (c) expand their repertoire of programs in FP/RH/CS/HIV. In addition, FP/RH capacity building would allow those Partners not presently engaged in FP/RH activities to introduce such activities into their programming.

Networks' ***capacity-building*** strategy strengthens the Partners' programming so they can:

- build the technical capacity of service providers and managers to improve the quality of, access to, and availability of FP/RH/CS/HIV information and services by changing the structures/health systems in which they work;
- build the capacity of community-based distributors, other volunteers, and private sector providers such as pharmacists to make FP/RH/CS/HIV services more accessible to the community and to integrate health and social services into child survival programs; and
- build the capacity of local NGOs and community-based organizations to implement integrated community development programs that address health, education, economic empowerment, gender, etc. and make the link with access to and availability of RH services.

Networks' Regional Technical Advisers (RTAs) help Partners' regional staff identify countries where field offices are carrying out FP/RH activities and desire to improve or expand those activities. The RTAs help staff develop regional, strategic, collaborative FP/RH plans, along with related plans for capacity building. In this context, *Networks* uses an assets-based appreciative approach to help Partners address such topics as (a) human resource requirements, (b) supervision/support, (c) training, and (d) best practices information exchange. RTAs also provide technical assistance in FP/RH/CS/HIV technical skills and knowledge, behavior change approaches, and in communication skills, marketing, management, and organizational areas if required.

Building Partners' FP/RH capacity may also take the form of sharing best practices and disseminating other information; distance learning activities, training, professional seminars, workshops, staff exchanges, and living university arrangements.

Result Two Strategy: Community and Social Mobilization

Networks strategy is to assist Partners' in designing and implementing community-centered approaches to FP/RH programming that promote empowerment and behavioral and social change.

Behavior change is critical to increase the use of FP/RH/CS/HIV practices and services. It assumes that community partners are rational, creative beings who can, with the right tools, identify their problems, find solutions, and mobilize the necessary resources.

Behavior change interventions use four techniques—social and community mobilization, communications for social change, advocacy, and social marketing—to promote positive behavior and social change. Community Mobilization organizes local people for collective action towards a common purpose. Communication for Social Change is a process of public and private dialogue through which people define who they are, what they want, and how they can get it. Policy Advocacy is a process conducted by organized citizens to transform power relationships by achieving specific policy changes or allocating resources that benefit the population involved. Social Marketing promotes and sells products, ideas, or services that are considered to have social value, using a variety of outlets and marketing approaches.

Networks' ***Community and Social Mobilization*** strategy seeks to:

- mobilize the community to demand services to meet their needs;
- promote critical thinking and negotiate the best way forward in a partnership process;
- provide information/awareness/communication/education to the community; and
- increase outreach to the community to bring services closer to those who need them.

Networks' Behavior Change strategy begins with epidemiological and social assessments. With the community and other stakeholders as partners, *Networks* assesses the lifestyles and behaviors that perpetuate health problems. Together, we identify health practices and behaviors that can prevent these problems and obstacles to these practices or behaviors, and identify strategies to overcome

these obstacles. This information is then applied in the design of behavior change interventions, which often include the use of interpersonal communication, counselling, print materials, popular media, and electronic and other types of mass media. There are, of course, numerous other obstacles to behavior change, such as environmental and sociocultural factors, which are not addressed by communication interventions. Successful behavior change interventions would also have to address these factors.

Result Three Strategy: Promotion of Best Practices

Networks *strategy is to identify, evaluate, document, and disseminate best practices in the PVO/NGO context and assist Partners to develop technically sound programs.*

Rather than 'gold standard,' best practice in this context refers to knowledge about what is and is not working or what appears promising for PVOs/NGOs in FP/RH/CS/HIV. The ability to learn from other's experience, improve upon it, and adapt it to each of our field situations is essential for building the capacity of PVO/NGO networks. It is not only lessons learned but also the ongoing process of feedback, reflection, and analysis that allow us to continue to improve.

Networks' ***Promotion of Best Practice*** currently takes these forms:

- *Networks* has compiled and periodically updates a compendium of good and promising practices in the areas of FP/RH/CS/HIV and behavior change approaches;
- *Networks*' website (www.ngonetworks.org) offers PVOs/NGOs technical updates, case studies, best practices, and access to Partner web sites; and
- *Networks* publishes and distributes a technical update called *At A Glance*.

Networks promotes the exchange of best practices between and among individuals and groups through seminars, workshops, exchanges, living university mechanisms, and technical visits. *Networks* also designs, implements, and evaluates new collaborative models for FP/RH information and service delivery and documents and distributes evidence-based best practice*s* to field and programming staff in an accessible and useful format.

Result Four Strategy: Building Partnership and Collaboration

Networks strategy is to facilitate partnerships and linkages between communities, for-profit, not-for-profit, and public sectors.

Networks builds partnership and collaboration to increase access to and availability of FP/RH information and services and to mobilize resources to support FP/RH/CS/HIV. In creating and strengthening links between stakeholders, *Networks* demonstrates how much more organizations can accomplish when they collaborate than when they pursue the same goals separately.

Networks helps Partners create country-level networks and partnerships which enable them to share and act on mutual concerns. Partnerships could be comprised of representatives from communities and from the for-profit, not-for-profit, and public sectors. For example, *Networks* supports the work of one such partnership in providing technical assistance to a group of local women trying to enhance the status of the girl child, improve women's education, and increase women's economic security.

Networks' strategy for ***Building Partnership and Collaboration***:

- ensures the inclusion of community concerns in national dialogue;
- influences policies affecting all facets of community development and their respective stakeholders; and
- develops, articulates, and sells innovations to influence government policy.

By providing these partnerships with experience-based information, *Networks* strengthens their ability to advocate more effectively with government and donors. *Networks* funnels information from its monitoring, evaluation, and operations research to Partners and other PVOs who then share it with their networks. Such information is used as leverage, both to inform policy debates and to support requests for donor funding.

Linking Successes from Other Sectors to the FP/RH Agenda

Networks strategy is to identify the most effective approachess from various non-health sectors and adapt them for use in addressing economic and societal barriers to accessing FP/RH services and information.

PVOs and NGOs regularly use proven approaches to community development, such as participatory learning and action (PLA) and innovative microfinancing and microcredit schemes that have achieved sustainable success in agriculture, environment, livelihoods and other sectors. *Networks* identifies and harnesses this expertise for the design and implementation of FP/RH projects to address such barriers to FP/RH as status of women and young people; gender inequity in decision making; and access to resources. *Networks* helps partners publish their successful experience in intersectoral and interorganizational approaches to FP/RH for dissemination as best practice case studies.

Networks' strategy to introduce approaches from other sectors into the FP/RH arena encourages greater linkage between all the programs in which Partners are working. Examples of such linkage might include:

- drawing upon Partners' experience in promoting credit with education programs to address economic barriers to accessing FP/RH services;
- exploring income generation opportunities with community-based distribution projects;
- providing microcredit for transport to health facilities and referral centers in safe motherhood projects;
- utilizing PLA approaches to increase community capacity to address HIV/AIDS;
- microfinancing quality improvements in FP/RH services such as screens and curtains for privacy, small equipment provision (e.g. lamps and speculums), and patient information materials;
- utilizing food aid logistics skills for contraceptive commodity logistics;
- bringing small business skills such as marketing plan development to NGOs providing services such as voluntary counselling and testing;
- drawing upon PATH's RH technologies and approaches in Partners wider programming.